

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013972
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morrow Twp.		c. CITY OR TOWN Green Castle	
Length of stay in lb Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi. E. of Green Castle		d. STREET ADDRESS (If outside, give location) 7 mi. E. of Green Castle	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Bryant Last Hammons		4. DATE OF DEATH Month May Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/29/1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months — Days — Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	
11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME N. J. Hammons		13b. MOTHER'S MAIDEN NAME Rebecca Anderson	
14. NAME OF HUSBAND OR WIFE Lois Hammons		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Lois Hammons, Green Castle, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) High Blood pressure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) —		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — a.m. — p.m. Month, Day, Year. —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Green Castle, Mo.	
20g. COUNTY Adair		20h. STATE Mo.	
21. I attended the deceased from April 1-64 to May 1-64 and last saw him alive on April 27-64 Death occurred at 3 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Garrison M.D. (Degree or title)		22b. ADDRESS Nowinger, Mo.	
22c. DATE SIGNED May 3-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/3/1962		23c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery	
23d. LOCATION (City, town, or county) Adair County, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Glenn E. Kent & Son, Green City, Mo.		25. DATE RECD. BY LOCAL REG. May 7, 1962	
26. REGISTRAR'S SIGNATURE Doris W. Paff		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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MAY 29 1962

H. T. GARRISON, M.D.

Permit renewed May 6, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl R. Zent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.